

**State Certified Fire Inspector Application**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Office of Local Government & Consumer Services  
P.O. Box 30222  
Lansing, MI 48909  
517-241-9347

Authority: 1941 PA 207 Completion: Required to be certified Penalty: May not become a certified fire inspector	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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### Applicant Information

NAME (Last Name, First Name, Middle Initial)			DATE OF BIRTH	
HOME ADDRESS		CITY		STATE
COUNTY		TELEPHONE NUMBER (Include Area Code)		ZIP CODE
				SOCIAL SECURITY NUMBER*

### Employment Verification

DEPARTMENT			POSITION TITLE		
ADDRESS		CITY		STATE <b>MI</b>	ZIP CODE
TELEPHONE NUMBER (Include Are Code)	TOTAL YEARS IN DEPARTMENT	COMMUNITY POPULATION		NUMBER OF STATE CERTIFIED FIRE INSPECTORS	
PRINT OR TYPE NAME OF IMMEDIATE SUPERVISOR				TITLE	
DESCRIPTION OF DUTIES TO BE PERFORMED					
<div style="display: flex; justify-content: space-between;"> <span>Is the applicant replacing a previously certified inspector?</span> <span>Yes</span> <span>No</span> </div>					
NAME OF PERSON BEING REPLACED		CERTIFICATION NUMBER		DATE EMPLOYMENT TERMINATED	
<p>INDICATE STATUS</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>Full-Time - Paid</span> <span>Part Time - Paid</span> <span>Non-Paid</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Total Months as a Fire Inspector _____</span> <span>Hours Per Week Spent on Inspections _____</span> </div>					
<p>WHAT TYPE OF FACILITIES DOES YOUR COMMUNITY HAVE? (LIST THE NUMBER OF EACH TYPE OF FACILITY)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____ Schools</span> <span>_____ Nursing Homes</span> <span>_____ Child Care</span> <span>_____ Place of Assemblage</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____ Hospitals</span> <span>_____ Adult Foster Care</span> <span>_____ State Owned Buildings</span> </div> <p>Other (List name and number of each facility type)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> </div>					

### Background Information

Have you been convicted of a felony or misdemeanor?	
No	Yes
<p>If yes, you will be provided with a "Request for Conviction History" form. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for certification as a Certified Fire Inspector in the state of Michigan.</p>	

**Applicant Certification and Signature**

I hereby certify the information contained in this application is true and correct to the best of my knowledge. I also certify I meet all of the requirements of R 29.502 (1) (a) through (e), as cited below.

R 29.502. Certification and recertification requirements.

Rule 2(1) A person who desires to be certified as a certified fire inspector shall meet all of the following requirements:

- (a) Be 18 years of age or older.
- (b) Have graduated from an accredited high school or have received a general education development test certificate from the department of education.
- (c) Be able to read and write English.
- (d) Be of good moral character. For purposes of these rules a conviction of a misdemeanor or felony which involves theft, dishonesty, or false statement shall be considered as an indication that a person is not likely to serve in a fair, honest and open manner.
- (e) Have not been convicted of any misdemeanor or felony reasonably related to, and adversely affecting, the person's ability to perform as a fire inspector.

SIGNATURE OF APPLICANT

DATE

**Approval and Affirmation of Agency Head**

I hereby certify it is the intention of this agency to have the applicant conduct fire safety inspections a minimum of 16 hours per a normal 40 hour week. The applicant potentially has at least three years of service remaining with the department. I also certify this applicant meets all requirements of R 29.502 (1) (a) through (e), as cited in this application.

PRINT OR TYPE NAME OF IMMEDIATE SUPERVISOR

TITLE

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE